

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015794
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 93

FILED APR 23 1962

VS 300
Rev. 4/59

1 0535
2 0535
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4 1
5 0
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7 0
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9 154X
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12 1290-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>225 Ash. St.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> c. CITY OR TOWN <u>Lebanon</u> d. STREET ADDRESS (If outside, give location) <u>225 Ash. St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Bessie</u> Middle <u>L.</u> Last <u>Busby</u>		4. DATE OF DEATH Month <u>4</u> Day <u>14</u> Year <u>62</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/20/97</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bookkeeping</u>	
11. BIRTHPLACE (City and state or country) <u>Laclede County</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles H. Busby</u>		13b. MOTHER'S MARDEN NAME <u>Louise Pickett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT Address <u>Charles Busby - Lebanon, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adenocarcinoma of Rectum</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>March 1962</u> to <u>death</u> and last saw her alive on <u>4/8/62</u> Death occurred at <u>6:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>RW Froelich, MD</u>		22b. ADDRESS <u>Lebanon Mo.</u>	
22c. DATE SIGNED <u>4/16/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>4-17-1962</u>	
23c. NAME OF CEMETERY OR REMATORY <u>Bolles Cemetery</u>		23d. LOCATION (City, town, or county) <u>Lebanon Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Norval Uniswald, Lebanon Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-16-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Hella L. Day</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 26 1962

MAY 8 1962

APR 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James Douglas Griswald

Licensed Embalmer No. 5099

P. O. Address Rebannon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 4-17-1962 D.R.M.